

CASHION POLICE DEPARTMENT

FORMAL COMPLAINT AGAINST POLICE PERSONNEL

CONFIDENTIAL

Complainant: \_\_\_\_\_ Race/Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Pager: \_\_\_\_\_

Date and time Incident Occurred: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of employee(s) against whom complaint is being filed or other identifying marks (car number, badge number, etc.)

Name: \_\_\_\_\_ Race/Sex: \_\_\_\_\_ Rank: \_\_\_\_\_

Employee I.D. # \_\_\_\_\_ Vehicle I.D.: \_\_\_\_\_

Name(s)/address/phone number or other identifying information concerning

Witness(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that this statement of complaint will be submitted to the Cashion Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, or promise of any kind.

I understand that, under the regulations of the Police Department, the employee against who this complaint is filed may be entitled to request a hearing before a board of review. By signing and filing this complaint, I hereby agree to appear before a board of review and to testify under oath concerning all matters relevant to this complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_\_\_  
Date and Time Received